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FEB 25 2009

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

NEW HAMPSHIRE
SECRETARY OF STATE

Type or Print all Information Clearly:

Name: Russell Armstrong, PhD

cell # 759-2412
Work Phone No.

First Middle Last

Work Address:

Volunteer - State Committee on Aging

Office/Appointment/Employment held:

Member of State Committee on Aging. Appointed by Gov. John Lynch.

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

Source of Honorarium or Expense Reimbursement:

Name of source:

Administration on Aging

First Middle Last

Post Office Address:

John F. Kennedy Federal Bldg. #2075, Boston Ma. 02203

Occupation:

Principal Place of Business:

Region 1, Administration on Aging

If source is a Corporation or other Entity:

Name of Corporation or Entity:

Daniel Quirk, Regional Administrator, Administration on Aging

Name of Corporate/Entity Representative:

John F. Kennedy Federal Bldg Govt Ctr. #2075, Boston, MA.

Work Address of Representative:

02203

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00 ☐

Value of Honorarium: _____ Date Received: _____ If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. ☐ Exact ☐

Estimate \$54.00

Value of Expense Reimbursement: _____ Date Received: _____ A copy of the agenda or an equivalent document must be attached to this filing. ☐ Exact ☐ Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

Nursing Home Diversion Grant - Veterans Initiative

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

Signature of Filer Date Filed

9/07

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301

Please complete the following information on the filing person.